SEEK, Haiti
Funding Outcome Form

Organization Name	
Contact Person & Position	
Address	
City/State/Country/Zip	
Phone Number	
Email Address	

Project Name/Title:	**Date Grant Received:**	**Amount Received:** **$**
	One Time: ☐ **Recurring:** ☐ **How long/many times?**	

Brief Description of Project ***(1-3 sentences)*****:**

Breakdown of Actual Expenses *(Please use Page 3 for additional space)*

$	
$	
$	
$	
$	
$	
$	
$	

Duration of Project	
Beginning Date:	**Completion Date:**

(Form continues on next page)

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Please describe the outcome of the project:

Please describe if/how the outcome met the project's purpose and how it filled the organization's need:

(Form continues on next page)

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Please describe how/if the project will be sustainable to meet future needs:
Please list/describe any plans for future projects that further or complement this one:

Breakdown of Expected Costs *(Continued from Page 1)*

$	
$	
$	
$	
$	
$	
$	
$	
$	
$	